

## **Air Chain of Custody Form**

Report To: **Analysis Requested** Project #: Client: **Comments: Project Name:** Attn: **Street Address:** Sampler(s): (Print) City, State, Zip: DATA PACKAGE Stop Sampling Start Sampling Sampling Equipment Yes No Information Information Phone: Fax: Lab Received Pressure (psia) (If "Yes", Select one) Soil Vapor (SV) Ambient (A) Initial Pressure ("Hg) □ III □ IV Email: UNITS (select one) Work Order #: Flow Canister Canister Canister Controller Pressure Pressure Field ID / Sample Date ppbv µg/m3 Sample Time Sampled Sampled ID# ID# Time ("Hg) Time ("Hg) **Point Of Collection** ID # Notes Billing Result Request Same as above STD
(10 Days) 4 Day\*\* 5 Day\*\* 3 Day\*\* 2 Day\*\* ☐ 1 Day\*\* \*\*Surcharge 1. Relinquished By 1. Received By Time Time Client: Street Address: 2. Relinquished By Date 2. Received By Date Time Time City:\_\_\_\_\_\_ State:\_\_\_\_\_ Zip:\_\_\_\_\_ 3. Relinquished By Date 3. Received By Time Date Time Attn:\_ \_\_\_\_ Fax:\_\_\_ P.O.#:

Pace Analytical Bakersfield does not accept samples containing radioactive material above background levels. Samples containing radioactive material must be disclosed prior to receipt. Any samples suspected of containing radioactive material above background levels will not be accepted and will be returned to client.